



**CITY OF SHOREVIEW**  
**SPRING 2016 LEADERSHIP ACADEMY**  
**APPLICATION**

***All applicants must be at least 18 and residents of the City of Shoreview. Please PRINT clearly or TYPE.***

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other: \_\_\_\_\_

Age \_\_\_\_\_

Have you ever served on a board or commission for a local government? Yes ☐ No ☐

If yes, explain/list:

Briefly state why you wish to participate in Shoreview's Citizens' Leadership Academy

List some topics that are of particular interest to you that you would like to see discussed during the Citizens' Leadership Academy:

How do you plan to use the knowledge and skills you gain from the Citizens' Leadership Academy?

Please accept my application for the Shoreview Citizens' Leadership Academy. I agree to attend all sessions to the best of my ability. I do ☐ do not ☐ give City staff permission to use my image on official documents, brochures, and videos. I do ☐ do not ☐ give City staff permission to provide my name and contact information to other Academy participants.

Signature \_\_\_\_\_ Date \_\_\_\_\_